

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

FILED 06 DEC 04 1415 USDC-ORE

United States of America Plaintiff(s),

vs.

Case No: 6:06-cr-264

APPLICATION FOR SPECIAL
ADMISSION - PRO HAC VICE

Matthew Alderman Defendant(s).

As local counsel in the above captioned case and in accordance with LR 83.3, I am recommending the following attorney for admission *pro hac vice*:

1. **Pro Hac Vice Attorney Certification:** I have read and understand the requirements of LR 83.3, and certify that the following information is correct:

(A) **Personal Data:**

- (1) Name: Christopher M. Choate
- (2) Firm or Business Affiliation: McNabb Associates, P.C.
- (3) Mailing Address, City, State and Zip Code: 600 Travis Street, Suite 7010, Houston, TX 77002
- (4) Business E-mail Address: choate@mcnabbassociates.com
- (5) Business Telephone Number: (713) 237-0011
- (6) Fax Telephone Number: (713) 227-0223

(B) **Bar Admissions Information:** I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

- (1) State Bar Admissions: Name of court; admissions standing, date of admission, and BAR ID number. Supreme Court of Texas; Good; Nov 2004; TX Bar No. 24045655
- (2) Federal Bar Admissions: Name of court; admissions standing, date of admission, and BAR ID number.
Southern District of Texas; good; August 4, 2006
Eastern District of Texas; good; October 25, 2006
5th Circuit Court of Appeals; good; November 3, 2006
8th Circuit Court of Appeals; good; October 23, 2006

Revised May 17, 2006

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(C) **Certification of Disciplinary Proceedings:**

☒ I certify that I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or administrative agency; or,

☐ I certify that I am now, or have been subject, to disciplinary action from a state or federal bar association or administrative agency. (Attach a letter of explanation to this application.)

(D) **Certification of Professional Liability Insurance:** I have a professional liability insurance policy which is current and will apply in this case, and that policy will remain in effect during the course of these proceedings.

(E) **Representation Statement:** I am representing the following party(s) in this case:
Matthew Alderman

(F) **CM/ECF Registration:** Concurrent with approval of this *pro hac vice* application, I acknowledge that I will automatically be registered to access the court's Case Management/Electronic Case File system. (See ecf.ord.uscourts.gov). I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(D) and LR 100.2(c)

2. **Certification of Associated Local Counsel:** I certify the information contained in this application is true, that I am member in good standing of the Bar of this Court, that I have read and understand the requirements of LR 83.3, and that I will serve as designated local counsel in this particular case.

DATED this 15th day of December, 2006.

Requesting that this be waived
(Signature of Local Counsel)

Typed Name and Oregon State Bar ID Number
Firm or Business Affiliation
Mailing Address, City, State & Zip Code
Business E-mail Address
Business Telephone Number

[Signature]
(Signature of Pro Hac Counsel)

Typed Name
Firm or Business Affiliation
Mailing Address, City, State & Zip Code
Business E-mail Address
Business Telephone Number

